

<b>Mandated Benefits</b>			
<b>Benefit</b>	<b>Statute or Regulation</b>	<b>Summary</b>	<b>Applicability</b>
Alzheimer's Disease	806 KAR 17:081 & 806 KAR 17:085	Policies may not contain an exclusion or limitation of benefits on the basis of Alzheimer's disease.	Long-term care insurance & short-term nursing home insurance policies
Cochlear Implants	KRS 304.17A-131	Coverage for cochlear implants for persons diagnosed with profound hearing impairment.	Health benefit plans
Diabetes	KRS 304.17A-096 & KRS 304.17A-148	Coverage for medications, services, supplies, and training for diabetes.	Basic health benefit plans & health benefit plans
Domestic Violence*	KRS 304.17A-155	Coverage and claims may not be denied or considered pre-existing on the basis of domestic violence.	Health benefit plans
Emergency Medical Conditions and Emergency Department Services	KRS 304.17A-096 & KRS 304.17A-580	Coverage for emergency medical conditions and for emergency department screening and stabilization services both in-network and out-of-network without prior authorization for conditions that reasonably appear to a prudent layperson to constitute an emergency medical condition based on the patient's presenting symptoms and condition.	Basic health benefit plans & health benefit plans
Home Health Care	KRS 304.17-313, KRS 304.18-037, KRS 304.17A-096, KRS 304.32-280, & KRS 304.38-210	Requires specified home health care benefits, which shall not be less than 60 visits (up to 4 hours in length) in 12 continuous months and shall not be reimbursed unless a physician certifies that hospitalization or a nursing home would otherwise be required.	Basic health benefit plans
Hospice	KRS 304.17A-096 & KRS 304.17A-250(6)	Coverage for hospice care equal to Medicare benefits.	Basic health benefit plans & health benefit plans.

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Human Immunodeficiency Virus	KRS 304.12-013(5)	No policy shall exclude or limit coverage for HIV.	Kentucky contracts & health benefit plans.
Newborn Coverage	KRS 304.17-042, KRS 304.17A-139, KRS 304.18-032**, KRS 304.32-153** & KRS 304.38-199	Coverage for newborn children from the moment of birth.	Kentucky contracts & certificates & health benefit plans
Pap Smear	KRS 304.17A-096 & KRS 304.17A-647	Coverage for an annual Pap smear performed by an obstetrician or gynecologist without a referral from a primary care provider.	Basic health benefit plans & Health benefit plans
Second Opinion	KRS 304.17A-520(4)	A health benefit plan shall provide a covered person with access to a second opinion with a participating health care provider.	Health benefit plans
Telehealth Services	KRS 304.17A-138 & 806 KAR 17:270	A health benefit plan shall not exclude a service from coverage solely because the service is provided through telehealth.	Health benefit plans

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<b>Conditional or Limited Mandated Benefits</b>			
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Adopted Children*	KRS 304.17A-140	If a health benefit plan provides coverage for a family member of the insured, the plan shall provide coverage for legally adopted children or children under court-appointed guardianship.	Health benefit plans
Anesthesia and Hospital or Facility Charges for Dental Procedures	KRS 304.17A-149 & 806 KAR 17:095	If a health benefit plan provides coverage for general anesthesia and hospitalization services, the plan is required to provide coverage for payment of anesthesia and hospital or facility charges in connection with dental procedures for children below the age of nine, persons with serious mental or physical conditions, and persons with significant behavioral problems.	Health benefit plans
Autism	KRS 304.17A-143 & 806 KAR 17:460	Coverage for therapeutic, respite, and rehabilitative care, up to \$500 per month, for the treatment of a child (2-21) with autism.	Health benefit plans
Breast Cancer	KRS 304.17-3165, KRS 304.17A-135, KRS 304.18-0985**, KRS 304.32-1595 & KRS 304.38-1936	If a policy provides benefits for treatment of breast cancer by chemotherapy, the policy shall also provide coverage for treatment of breast cancer by high-dose chemotherapy with autologous bone marrow transplantation or stem cell transplantation.	Kentucky contracts & certificates & health benefit plans
Disabled Children	KRS 304.17-310	If an individual health insurance contract provides dependent child coverage, the coverage must continue beyond the limiting age for a child who is and continues to be incapable of self-sustaining employment by reason of mental retardation or physical disability and chiefly dependent upon the policyholder or subscriber for support and maintenance.	Kentucky individual contracts
Hearing Aids and Related Services	KRS 304.17A-132	Coverage for hearing aids and related services for persons under 18 years of age for the full cost of one hearing aid per impaired ear up to \$1,400 every 36 months.	Health benefit plans

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Inherited Metabolic Disease	KRS 304.17A-139(4)	If a health benefit plan provides prescription drug coverage and if the amino acid modified preparations and low-protein modified food products are prescribed by and administered under the direction of a physician for the therapeutic treatment of inherited metabolic diseases as specified in KRS 205.560(1)(c), the plan shall provide coverage for the amino acid modified preparations and low-protein modified food products for the treatment of inherited metabolic diseases. The benefit is limited to twenty-five thousand dollars (\$25,000) for medical formulas and there is a separate cap for each plan year of four thousand dollars (\$4,000) for low protein modified foods, subject to annual inflation adjustments.	Health benefit plans

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Mammography	KRS 304.17-316, KRS 304.17A-133, KRS 304.18-098**, KRS 304.32-1591 & KRS 304.38-1935	If a policy provides coverage for surgical services for a mastectomy, the policy shall also provide coverage for low-dose mammography screening for persons who have no sign or symptom of breast cancer and when performed on dedicated equipment meeting guidelines established by the American College of Radiology and upon self-referral or on referral by an authorized health care practitioner. The coverage shall make available one (1) screening mammogram to persons age 35-39; one (1) mammogram every two (2) years for persons ages 40-49; and one (1) mammogram per year for a person 50 years of age and over and may be limited to a benefit of fifty dollars (\$50) per screening mammogram. The policy shall also provide coverage for mammograms, for any covered person, regardless of age, who has been diagnosed with breast disease upon referral by a health care practitioner. Any deductibles and coinsurance factors shall be no less favorable than for coverage for physical illness generally.	Kentucky contracts & certificates, basic health benefit plans, & health benefit plans
Mental Health Coverage*	KRS 304.17A-661	If a large group health benefit plan provides mental illness benefits, the plan shall cover mental illness the same as physical illness.	Health benefit plans (except those issued to small groups, employer-organized associations, and individual health benefit plans pursuant to KRS 304.17A-669)

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Maternity and Newly-born Child Coverage*	KRS 304.17A-145	If a health benefit plan provides maternity benefits, the plan shall cover a specified length of hospital stay in connection with child-birth for a mother and her newly-born child.	Health benefit plans
Temporomandibular Joint (TMJ) Disorder and Craniomandibular Jaw (CMJ) Disorders	KRS 304.17-319, KRS 304.18-0365, KRS 304.32-1585, KRS 304.38-1937**, & 806 KAR 17:090	A policy which provides coverage for surgical or nonsurgical treatment of skeletal disorders shall provide coverage for medically necessary procedures relating to TMJ and CMJ.	Kentucky contracts & certificates

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<b>Provider Mandates</b>			
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Ambulatory Surgical Centers	KRS 304.17-317, KRS 304.18-035**, KRS 304.32-156**	Coverage for treatment or services rendered by ambulatory surgical centers on the same basis as coverage provided for the same health care treatment or services rendered by a hospital.	Kentucky contracts & certificates excluding HMOs
Chiropractors	KRS 304.17-305(2), KRS 304.18-095(2)	If a policy provides coverage for any service which is within the lawful scope of practice of a chiropractor, the covered person shall be entitled to reimbursement for such services whether performed by a duly licensed physician, osteopath, or chiropractor.	Kentucky individual or group contracts
Chiropractors	KRS 304.17A-171	If a health benefit plan includes chiropractic benefits, the plan shall guarantee the covered person direct access to a primary chiropractic provider of his/her choice without referral and not discriminate between individual providers or classes of providers in the amount of reimbursement, copayment, or other financial compensation for the same or essentially similar services.	Basic health benefit plans & health benefit plans
Chiropractors	KRS 304.17A-175, KRS 304.17B-037, KRS 304.17C-110	An insurer shall not impose a copayment or coinsurance amount for services rendered by a chiropractor that is greater than the copayment or coinsurance amount for the services of a physician or osteopath for the same or similar diagnosed condition.	Health benefit plans & limited health service benefit plans

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<b>Provider Mandates</b>			
<b>Benefit</b>	<b>Statute or Regulation</b>	<b>Summary</b>	<b>Applicability</b>
Chiropractors	KRS 304.32-157(2)	If a policy provides coverage for any service which is within the lawful scope of practice of a chiropractor, the covered person shall be entitled to reimbursement for such services whether performed by a duly licensed physician, osteopath, podiatrist, or chiropractor.	Kentucky nonprofit health service corporation contracts
Chiropractors	KRS 304.38-196(1)**	If a policy provides coverage for any service which is within the lawful scope of practice of a chiropractor, the covered person shall be entitled to reimbursement for such services whether performed by a duly licensed physician, osteopath, or chiropractor. An HMO enrollee requesting chiropractic treatment for otherwise covered conditions shall not unreasonably be denied chiropractic treatment if treatment of the conditions is within the lawful scope of chiropractic practice.	Kentucky HMO contracts & certificates
Dentists	KRS 304.17-315, KRS 304.18-097, KRS 304.32-159, KRS 304.38-195**	A policy which provides coverage for services which can be lawfully performed within the scope of the license of a duly licensed dentist shall be deemed to provide benefits for such services whether performed by a duly licensed physician or a duly licensed dentist.	Kentucky contracts & certificates

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Licensed Clinical Social Workers	KRS 304.17-3185, KRS 304.18-0363, KRS 304.32-166, KRS 304.38-1933**	If a policy provides coverage for any services performed by a licensed psychologist or by a licensed clinical social worker, the insured is entitled to payment of or reimbursement for the cost of the service, not in excess of the coverage limits, regardless of provider profession. If the policy permits, payment may be made directly to the provider of the services.	Kentucky contracts & certificates
Licensed Psychologists	KRS 304.17-3185, KRS 304.18-0363, KRS 304.32-166, KRS 304.38-1933	If a policy provides coverage for any services performed by a licensed psychologist or by a licensed clinical social worker, the insured is entitled to payment of or reimbursement for the cost of the service, not in excess of the coverage limits, regardless of provider profession. If the policy permits, payment may be made directly to the provider of the services.	Kentucky contracts & certificates
Ophthalmic Dispensers	KRS 304.38-1955**	If an HMO provides coverage for services which can be performed by an optometrist or ophthalmic dispenser, the HMO shall provide coverage whether the service is provided by a physician, optometrist or ophthalmic dispenser.	Kentucky HMO contracts & certificates
Optometrists	KRS 304.17-305(1), KRS 304.18-095(1), & KRS 304.32-157(1)	If a policy provides reimbursement for any service which is within the lawful scope of practice of an optometrist, the covered person shall be entitled to reimbursement for such services, whether such services are performed by a duly licensed physician, osteopath, podiatrist, or optometrist.	Kentucky contracts excluding HMOs

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Optometrists	KRS 304.17A-173, KRS 304.17B-035, & KRS 304.17C-100	An optometrist shall receive the same payment for coverage of services as allowed for those services rendered by a physician or osteopath.	Health benefit plans & limited health service benefit plans
Optometrists	KRS 304.17A-175, KRS 304.17B-037, & 304.17C-110	An insurer shall not impose a copayment or coinsurance amount for services rendered by a chiropractor or optometrist that is greater than the copayment or coinsurance amount for the services of a physician or osteopath.	Health benefit plans & limited health service benefit plans
Optometrists	KRS 304.38-1955**	If an HMO provides coverage for services which can be performed by an optometrist or ophthalmic dispenser, the HMO shall provide coverage whether the service is provided by a physician, optometrist or ophthalmic dispenser.	Kentucky HMO contracts & certificates
Osteopaths	KRS 304.17-305, KRS 304.18-095	If a policy provides coverage for any service which is within the lawful scope of practice of an optometrist, podiatrist or chiropractor, the covered person shall be entitled to reimbursement for such services whether performed by a duly licensed physician, osteopath, optometrist, podiatrist, or chiropractor.	Kentucky individual or group contracts
Osteopaths	KRS 304.17A-275	No health benefit plan shall discriminate with respect to employment, staff privileges, or the provision of professional services against a physician licensed to practice medicine on the basis of whether the physician holds a medical doctor (M.D.) or doctor of osteopathy (D.O.) degree.	Health benefit plans

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Osteopaths	KRS 304.32-157	If a policy provides coverage for any service which is within the lawful scope of practice of an optometrist or chiropractor, the covered person shall be entitled to reimbursement for such services whether performed by a duly licensed physician, osteopath, optometrist, podiatrist, or chiropractor.	Kentucky nonprofit health service corporation contracts
Osteopaths	KRS 304.38-196**	If a policy provides coverage for any service which is within the lawful scope of practice of a podiatrist or chiropractor, the covered person shall be entitled to reimbursement for such services whether performed by a duly licensed physician, osteopath, podiatrist, or chiropractor.	Kentucky HMO contracts & certificates
Podiatrists	KRS 304.17-305(3), KRS 304.18-095(3), & KRS 304.38-196(2)**	If a policy provides coverage for any service which is within the lawful scope of practice of a podiatrist, the covered person shall be entitled to reimbursement for those services whether performed by a duly licensed physician, osteopath, chiropractor, or podiatrist.	Kentucky contracts & certificates excluding nonprofit health service corporation contracts
Physicians	KRS 304.17-315, KRS 304.18-097, KRS 304.32-159 & KRS 304.38-195**	A policy which provides coverage for services which can be lawfully performed within the scope of the license of a duly licensed dentist shall be deemed to provide benefits for such services whether performed by a duly licensed physician or a duly licensed dentist.	Kentucky contracts & certificates

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<b>Provider Mandates</b>			
<b>Benefit</b>	<b>Statute or Regulation</b>	<b>Summary</b>	<b>Applicability</b>
Physicians	KRS 304.17-305 & KRS 304.18-095	If a policy provides coverage for any service which is within the lawful scope of practice of a chiropractor, optometrist, or podiatrist, the covered person shall be entitled to reimbursement for those services whether performed by a duly licensed physician, osteopath, chiropractor, optometrist, or podiatrist.	Kentucky individual or group contracts
Physicians	KRS 304.17A-275	No health benefit plan shall discriminate with respect to employment, staff privileges, or the provision of professional services against a physician licensed to practice medicine on the basis of whether the physician holds a medical doctor (M.D.) or doctor of osteopathy (D.O.) degree.	Health benefit plans
Physicians	KRS 304.32-157	If a policy provides reimbursement for any service which is within the lawful scope of practice of an optometrist or chiropractor, the covered person shall be entitled to reimbursement for such services, whether such services are performed by a duly licensed physician, osteopath, chiropractor, podiatrist, or optometrist.	Kentucky nonprofit health service corporation contracts
Physicians	KRS KRS 304.38-196**	If a policy provides coverage for any service which is within the lawful scope of practice of a chiropractor or podiatrist, the covered person shall be entitled to reimbursement for those services whether performed by a duly licensed physician, osteopath, chiropractor, or podiatrist.	Kentucky HMO contracts & certificates

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<b>Benefit</b>	<b>Statute or Regulation</b>	<b>Summary</b>	<b>Applicability</b>
Physician Assistant Benefits	KRS 304.17A-1473	If a health benefit plan provides coverage for surgical first assisting or intraoperative surgical care benefits or services the plan shall provide coverage for the services of a physician assistant.	Health benefit plans
Registered Nurse First Assistant Benefits	KRS 304.17A-146	Health benefit plans that cover surgical first assisting benefits or services must provide coverage for a registered nurse first assistant who performs the services within the scope of their license.	Health benefit plans

<b>Required Benefit Offers</b>			
<b>Benefit</b>	<b>Statute or Regulation</b>	<b>Summary</b>	<b>Applicability</b>
Alcoholism	KRS 304.18-130 to KRS 304.18-170, KRS 304.32-158, KRS 304.38-197, & 806 KAR 18:010	If a policy provides major medical or outpatient care benefits, the policy shall offer the option to purchase the minimum benefits for treatment of alcoholism.	Kentucky Contracts (excluding individual, disability and accident income benefits, and health care contracts that do not provide major medical or outpatient care)
Home Health Care	KRS 304.17-313, KRS 304.18-037**, KRS 304.32-280, KRS 304.38-210	Requires the offer to purchase coverage for specified home health care benefits, which shall not be less than 60 visits (up to 4 hours in length) in 12 continuous months and shall not be reimbursed unless a physician certifies that hospitalization or a nursing home would otherwise be required.	Kentucky contracts & certificates
Mental Illness*	KRS 304.17-318, KRS 304.18-036, KRS 304.32-165, KRS 304.38-193	Requires the offer to purchase coverage for the inpatient and outpatient treatment of mental illness to the same extent coverage is provided for the treatment of physical illness.	Kentucky contracts
Nursery Care for Well Newborns	KRS 304.17-185, KRS 304.18-033, KRS 304.32-154**, KRS 304.38-198	If a policy provides maternity benefits, the insurer is required to offer for purchase nursery care for well newborns for up to five full days in a hospital nursery.	Kentucky contracts & certificates

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Women's Health	KRS 304.17-3163, KRS 304.17A-134, KRS 304.18-0983**, KRS 304.32-1593, KRS 304.38-1934	Requires the offer of coverage of: <b>Breast Reconstruction*</b> — If an insurer provides medical and surgical benefits with respect to mastectomy, the insurer shall offer for purchase benefits for: 1. All stages of breast reconstruction surgery of the breast on which a mastectomy has been performed; 2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and 3. Prostheses and physical complications of all stages of mastectomy, including lymphedemas. <b>Endometriosis and Endometritis</b> -- If the insurer covers hysterectomies, the insurer shall offer for purchase benefits for diagnosis and treatment of endometriosis and endometritis. <b>Bone Density Testing</b> -- For women age 35 years and older, to obtain baseline data for the purpose of early detection of osteoporosis.	Kentucky contracts & certificates & health benefit plans
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<b>Federal Mandated Benefits</b>			
<b>Benefit</b>	<b>Statute or Regulation</b>	<b>Summary</b>	<b>Related Kentucky Law</b>
HIPAA Portability Provisions—			
Nondiscrimination - Source of Injury (Domestic Violence or Medical Conditions)	29 C.F.R. 2590.702(b)(2)(iii)	Injuries resulting from an act of domestic violence or a medical condition - Benefits otherwise provided for the treatment of an injury that results from an act of domestic violence or a medical condition, including both physical and mental health conditions.	KRS 304.17A-155
Genetic Information	29 C.F.R. 2590.702(b)(1) & (b)(2)(i)(B)	A group health plan, and a health insurance issuer offering health insurance coverage in connection with a group health plan, may not establish any rule for eligibility (including continued eligibility) of any individual to enroll for benefits under the terms of the plan or group health insurance coverage that discriminates based on any health factor that relates to that individual or a dependent of that individual. Benefits provided under a plan or through group health insurance coverage must be uniformly available to all similarly situated individuals. Any restriction on a benefit or benefits must apply uniformly to all similarly situated individuals and must not be directed at individual participants or beneficiaries based on any health factor of the participants or beneficiaries.	KRS 304.12-085(2), KRS 304.17A-220, KRS 304.17A-230, 806 KAR 17:170



<b>Federal Mandated Benefits</b>			
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Mental Health Parity Act (MHPA)	29 U.S.C. 1185a & 42 U.S.C. 300gg-5	Parity in the application of limits (lifetime or annual) to mental health benefits. Group health benefit plans.	KRS 304.17A-661; KRS 304.17-318, KRS 304.18-036, KRS 304.32-165, KRS 304.38-193
Newborns' and Mothers' Health Protection Act	29 USC § 1185; 42 U.S.C. 300gg-4, & 29 CFR § 2590.711 (Group and association health benefit plans); 42 U.S.C. 300gg-51 (individual health benefit plans)	If an insurer provides benefits for hospital lengths of stay in connection with childbirth for a mother or her newborn child, the insurer shall not: (i) Restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child following a: (a) Normal vaginal delivery, to less than 48 hours, or (b) Cesarean section, to less than 96 hours; or (ii) Require that a provider obtain authorization from the plan or the issuer for a length of stay as stated above.	KRS 304.17A-145
Women's Health and Cancer Rights Act (WHCRA)	29 U.S.C. § 1185b.; 42 U.S.C. 300gg-6 (group health benefit plans); 42 U.S.C. 300gg-52 (individual health benefit plans)	If a policy provides medical and surgical benefits for mastectomy, the policy shall provide coverage for reconstruction, symmetrical appearance, prostheses and complications of mastectomy, including lymphedemas.	KRS 304.17-3163, KRS 304.17A-134, KRS 304.18-0983, KRS 304.32-1593, KRS 304.38-1934